Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-30-2010</u>	Address:	200 E. and 400 N.
Case #:	<u>13F754</u> 09		
County:	Starke		·
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open · No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): open field			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
[I] Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):		
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		 Investigative Information Ephedrinc/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Traffic Stop Starke CNTY 	
This report is to be faxed to the following agencies that serve the location:			
Health Do	tment: Center Township FD partment: Starke County HD	I/ax: <u>F.ma</u> Fax: <u>574-</u> Fax: <u>N/A</u>	772- <u>8035</u>
	ection Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Andrew Cochran Phone 574-546-4900			
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.